

NAMED INVENTOR OR APPLICATION IDENTIFIER: Hill et al.

RATE STABILIZATION WITH MAINTENANCE OF INTRINSIC VENTRICULAR RESPONSE

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 019 707 396 US, on this 28th day of February, 2002.

Sue McCoy

Printed Name _____

Signature _____

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 14 (including claims and abstract: Spec. 12 sheets; Claims 1 sheets; Abstract 1

X **Drawings:**

Total sheets: 4

☒ formal ☐ informal

Combined Declaration and Power of Attorney:

☐ unexecuted☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

Information Disclosure Statement

PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

X Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number _____, filed _____.

☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: **Girma Wolde-Michael, Reg. No. 36,724**
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	5	20	= 0	x 18	0
Independent Claims	2	3	= 0	x 84	0
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$740.00
TOTAL					740.00

☒ Charge Deposit Account No. 13-2546 the amount of \$740.00 for the filing fee for a **TOTAL OF \$740.00.**

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

02/28/02

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